

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031802

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. 4158 Registrar's No. 54

STATE FILE NUMBER

FILED AUG 29 1963

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY Dallas	
b. CITY (if outside corporate limits, give TOWNSHIP only) Buffalo		c. CITY OR TOWN Buffalo	
c. FULL NAME OF (If NOT in hospital, give location) S. Pine St.		d. STREET ADDRESS (If outside, give location) S. Pine Street	

3. NAME OF DECEASED (Type or print) Delmar Young			4. DATE OF DEATH August 16, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1904	9. AGE (last birthday) 59	10. IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Eminence, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George Young	13b. MOTHER'S MAIDEN NAME Sarah Woods	14. NAME OF HUSBAND OR WIFE Divorced Isa Young
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> Yes, give war or dates of service W.W. 2	16. CRIMINAL RECORD No	17. INFORMANT Glenford Young Eureka, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive pulmonary hemorrhage DUE TO (b) Unknown DUE TO (c) Unknown		INTERVAL BETWEEN ONSET AND DEATH 30 min.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: but not related to the terminal disease condition given in PART II (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from only at time of death and last saw her alive on _____
Death occurred at 12:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph G. Bennett, D.O.	22b. ADDRESS Buffalo, Missouri	22c. DATE SIGNED 8/20/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/19/63	23c. NAME OF CEMETERY OR CREMATORY Chrisco Cemetery	23d. LOCATION (City, town, or county) Salem, Missouri
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24. FUNERAL DIRECTOR Montgomery Funeral Home / Buffalo, Missouri	25. DATE RECD. BY LOCAL REG. 8/28/63	26. REGISTRAR'S SIGNATURE M. W. Pitts JR.
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 12360

2 20300

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4 0

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7 0

8 2

9 783.1

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12 90-2

13 1-0

AUG 30 1963

3831

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.